

215047489
70017

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 063	Agency Case No. B5-107151	HIT & RUN? <input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 02	DATE OF ACCIDENT 11/16/2015	M M / D D / Y Y Y Y S M T W TH F S <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		TIME OF ACCIDENT 1915	STATE USE ONLY	
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	STREET/ HIGHWAY NO.		POLICE NOTIFIED 1931	11/16/2015	
B 56	ROAD ON WHICH ACCIDENT OCCURRED	ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO		LATITUDE		
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1						
F 2	DRIVER LICENSE NO.	DRIVER FLED SCENE		PHONE	STATE (Of License)	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.
V2/N 1	OWNER		PHONE		LOCAL NO.	
G 2	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H 1	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	STATE (Of Plate)
V1/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0
V2/O 1	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY		INSURANCE COMPANY
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H13307540		PHONE	STATE (Of License)	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 8	DRIVER TIFFANY A WHITCOMB		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.
V2/P 1	OWNER DEVELOPMENTAL SERVICES OF NE INC		PHONE		LOCAL NO.	
J 01	OWNER ADDRESS 5701 THOMPSON CREEK BLVD STE 200, LINCOLN, NE 68516		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO		CITATION NO.	
V1/Q 4	LICENSE PLATE NO.	6286	YEAR	2016	STATE (Of Plate)	NE
V2/Q 4	VEHICLE	2014	Dodge	GCS	Mini van	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0
K 01	VEHICLE ID NO. (VIN)	2C4RDGBG2ER365856		INSURANCE COMPANY PHILADELPHIA INS. CO		POLICY NO. PHPK1157197
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107151



Indicate
North
by Arrow

No diagram available. Both vehicles left scene before report & neither was damaged.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 stated she was stopped in traffic on O Street near 30th Street when her vehicle was struck from behind by V1. She exited & spoke with a white male in his late teens or early 20s, wearing a white BB hat with DOPE written on it, who was driving a small, older, 2-Door car with a grey hood, black sides & no front plate. He said his vehicle was not damaged & D2 said her vehicle was not damaged, but she had to make a report because it was a company vehicle. D1 said since there was no damage & no one was hurt, he was leaving. He then left the scene. Rear bumper of V2 is between 14 & 20.5 inches AGL.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2									
1				X	O STREET	POINT OF IMPACT	01	POINT OF IMPACT	05					ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2				X	O STREET	MOST DAMAGED AREA	00	MOST DAMAGED AREA	00					ALCOHOL LEVEL TESTED	Y	Y	Y
1	01	06 Turning left				00 None		02	03	04	1 None used - vehicle occupant		BAC LEVEL				
2	11	08 Entering traffic lane				09 Top & windows		01		05	2 Lap & shoulder belt used		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2	
					09 Leaving traffic lane	10 Undercarriage		08	07	06	3 Shoulder belt only used		1 Neither alcohol nor drugs suspected				
					11 Slowing or stopped in traffic	11 Total (all areas)					4 Lap belt only used		2 Yes - alcohol suspected				
					12 Other	12 Other					5 Child safety seat used		3 Yes - drugs suspected				
					01 Essentially straight ahead					6 Child booster seat used		4 Yes - alcohol & drugs suspected					
					02 Backing					7 DOT approved helmet used		5 Unknown					
					03 Changing lanes					8 Costume helmet used							
					04 Overtaking/ Passing					9 Restraint use unknown							
					05 Turning right												
					13 Unknown												

OFFICER NO. 1563	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jon Rennerfeldt		INVESTIGATOR SIGNATURE Approved by Officer Jon Rennerfeldt	DATE OF REPORT 11/16/2015